

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	CHIMERIC, HUMAN AND HUMANIZED ANTI-GRANULOCYTE ANTIBODIES AND METHODS OF USE
Attorney Docket Number::	018733-1267
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	10
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David M.
Family Name::	Goldenberg
City of Residence::	Mendham
Country of Residence::	

Street of mailing address:: 330 Pleasant Valley Road

City of mailing address:: Mendham

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 07945

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Hans J.

Family Name:: Hansen

City of Residence:: Picayune

Country of Residence::

Street of mailing address:: 6014 Angler Drive

City of mailing address:: Picayune

State or Province of mailing address:: MS

Postal or Zip Code of mailing address:: 39466

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Shui-on

Family Name:: Leung

City of Residence:: Shatin, NT

Country of Residence::

Street of mailing address:: 2 Biotechnology Ave.
12 Miles, Tai Po Road
Shatin, NT

Country of mailing address:: Hong Kong

Correspondence Information**Correspondence Customer Number::** 22428**E-Mail address::** PTOMailWashington@FoleyLaw.com**Representative Information**

Representative Customer Number::	22428	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/414,341	09/30/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee name::** Immunomedics, Inc.